

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1188

**1. PLACE OF DEATH**

45 County Howard Registration District No. 379  
 4 Township Chariton Primary Registration District No. 4223  
 2 City Glasgow (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Bethie Lillian Schoe  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>2</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Howard county  
 (STATE OR COUNTRY)

13. NAME Jacob Schoe  
 14. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY)

15. MAIDEN NAME Beatrice Kelsch  
 16. BIRTHPLACE (CITY OR TOWN) Howard  
 (STATE OR COUNTRY) County Missouri

17. INFORMANT Beatrice Kelsch  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Glasgow Mo DATE Jan 21 1933

19. UNDERTAKER Tom Hulbert  
 (ADDRESS) Glasgow, Missouri

20. FILED 2-16 1932 C. Anny Nemele  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 26 1933  
 I last saw him alive on Jan 26 1933 Death is said to have occurred on the date stated above, at 1:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
IIA  
 Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_, M. D.  
 (Address) Glasgow

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

